

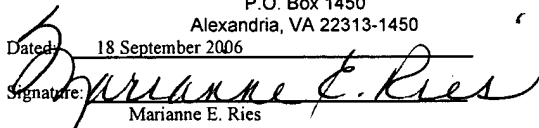
PATENT APPLICATION

Art Unit: 3743
 Examiner: Ali, Shumaya B
 Atty. Docket: 7432-0046
 Applicants: Moenning and Irlbeck
 Invention: DENTAL ANESTHESIA ADMINISTRATION
 MASK AND EYE SHIELD
 Serial No.: 10/647,991
 Filed: 26 August 2003



CUSTOMER NUMBER: 000031425

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Certificate of Express Mailing Under 1.10	
I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:	
Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Dated:	18 September 2006
Signature:	 Marianne E. Ries
Exp. Cert. No.:	EV 878931920US
Deposit Account: The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to: Deposit Account No. 50-1590	

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	SMALL ENTITY		OTHER	
TOTAL CLAIMS	35	35*	0	Rate x \$25	\$ 0.00	Rate x \$50	\$00 .00
INDEP. CLAIMS	6	6**	0	Rate x \$100	\$0.00	Rate x \$200	\$ 00.00
TOTAL FEE FOR ADDITIONAL CLAIMS						\$0.00	

* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

_____ An Extension of Time for ____ month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).

The required fee for filing this extension is:

\$ 0.00

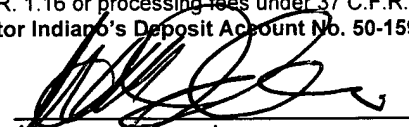
TOTAL FEE FOR THIS AMENDMENT

\$ 0.00

_____ A check in the amount of \$_____ to cover the total fee for this amendment is attached.

_____ Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiano's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.


 Attorney of Record

Printed Name: E. Victor Indiano

Registration No.: 30,143

INDIANO VAUGHAN LLP

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: **3743**

Examiner: **Ali, Shumaya B**

Atty. Docket: **7432-0046**

Applicants: **Moenning and Irlbeck**

Invention: **DENTAL ANESTHESIA
ADMINISTRATION MASK AND
EYE SHIELD**

Serial No.: **10/647,991**

Filed: **26 August 2003**

**Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450**



**One North Pennsylvania Street, Suite 850
Indianapolis, Indiana 46204
Phone 317-822-0033; Fax 317-822-0055**

Certificate of Express Mailing Under 1.10

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:

**Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dated: **18 September 2006**

Signature: 
Marianne E. Ries

Exp. Cert. No.: **EV878931920US**

Deposit Account

The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to:
Deposit Account No. **50-1590**

CUSTOMER NUMBER: 000031425

AMENDMENT UNDER 37 C.F.R. § 1.111

Dear Sir:

In response to the Notice of Non-Compliant Response of 07 September 2006, Applicants respectfully request entry of the following amendment.